

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1						51			
2		1					52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12		1					62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19		1					69			
20							70			
21							71			
22							72			
23							73			
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25							75			
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37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	1		1		1		TOTAL IND.			
TOTAL DEP.	18	1	1	1	1	1	TOTAL DEP.	1	1	1
TOTAL CLAIMS	19	1	1	1	1	1	TOTAL CLAIMS	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS